FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Malling Address

CORPORATION ANNUAL REPORT

1997

Lam an officer or director of the appears in Block 12 or Block 1

SIGNATURE:

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006289 (2)

COOLIDGE - ORLANDO REALTY CORP.

% ROBERT V. TIBURZI, JR. 455 CENTRAL PARK AVE. % ROBERT V. TIBURZI, JR. 455 CENTRAL PARK AVE. SCARSDALE NY 10583 **SCARSDALE NY 10583-1034** 3. Date Incorporated or Qualified 3a, Date of Last Report 12/09/1994 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 13-3794884 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zin 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City R4 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. ☐ DELETE 1.1 TITLE X Change HILE Robert V. Tiburzi, Jr. TIBURZI, ROBERT V JR NAME 1.2 NAME CR2E034 455 Central Park Ave. 455 CENTRAL PARK AVE. STREET ADDRESS 1.3 STREET ADDRESS Scarsdale, NY 10583 SCARSDALE NY 10583 CITY - ST - ZIP 1.4 CITY-ST-ZIP Howard Parnes DELETE Change **K**Addition 11711 2.1 TITLE President ROMITA, MICHAEL 22 NAME NAME 455 CENTRAL PARK AVE. 455 Central Park Avenueu 2.3 STREET ADDRESS STREET ADDRESS SCARSDALE NY 10583 Scarsdale, NY 10583 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TiTLE MACKLOWE, HARRY 3.2 NAME NAME 455 CENTRAL PARK AVE. STREET ADDRESS 3.3 STREET ADDRESS **SCARSDALE NY 10583** 3.4. CITY-ST-ZIP C:TY-ST-70P DELETE Change Addition 4.1 TITLE THILE CARDINALI, ALBERT J 4.2 NAME NAME 2 WORLD TRADE CENTER STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY 10048** 4.4 CITY - ST - ZIP CITY-\$1-7/P DELETE 51 THEF Change Addition DIME. LESLIE, THOMAS M NAME 5.2 NAME 50 MAIN ST. STREET ADDRESS 5.3 STREET ADDRESS WHITE PLAINS NY 10606 5.4 CITY-ST-ZIP CITY - ST - 7IP DELETE Addition 6.1 TITLE Change TIFLE STARK, MURRAY 6.2 NAME 455 CENTRAL PARK AVE. STREET ADDRESS 6.3 STREET ADDRESS SCARSDALE NY 10583 64 City-St-Zip CHTY - \$1 - ZIP on supplied with this filing/dies not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the 14. I do hereby certify that the informat hal report is true and accurate and that my signature shall have the same legal effect as if made under oath, that ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this ar report or supplend

MOURED

SIGNING OFFICER OF DIRECTOR

FILED May 01 1997 8:00am Secretary of State